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DIVISION OF ADULT INSTITUTIONS

POLICY AND PROCEDURES

	DAI Policy #: 500.00.05	Page 1 of 5	
	Original Effective Date:	New Effective Date:	
	09/17/00		
	11/01/03	10/02/17	
	Supersedes: 500.00.05	Dated: 06/26/13	
	BHS 300:14	10/01/04	
	Administrator's Approval:		
	Required Posting or Restricted:		
X Inmate X All Staff Restricted			
B. A			

Chapter: 500 Health Services

Subject: Medical Observation and Monitoring

POLICY

The Division of Adult Institutions shall place inmate patients in medical observation or medical monitoring for specific purposes under certain circumstances based on medical needs.

REFERENCES

<u>Standards for Health Services in Prisons</u>, National Commission on Correctional Health Care, 2008, P-A-01 Access to Care

<u>Wisconsin Administrative Code Ch. DHS 145</u> – Appendix A – Communicable Diseases and Other Notifiable Conditions

Wisconsin Administrative Code Ch. DOC 311 – Observation Status

DAI Policy 500.60.02 - Tuberculosis Control Program - Patient

DAI Policy 500.70.24 – Clinical Observation

DEFINITIONS, ACRONYMS, AND FORMS

ACP - Advanced Care Provider

ADL - Activities of daily living

ADO - Administrative Duty Officer

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DOC – Department of Corrections

HSU – Health Services Unit

DOC-27 – Placement/Review of Offender in Observation

DOC-3021 – Progress Notes

DOC-3220 – Refusal of Recommended Health Care

DOC-3394 – Patient Assessment

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<u>Communicable Illness</u> – An illness caused by a disease that the Department of Health Services determines under Wisconsin Administrative Code Ch. DHS 145 to be communicable.

<u>Medical Observation</u> – Involuntary or voluntary non-punitive status used for the temporary confinement of an inmate to ensure the inmate patient's safety and the safety of others. See DAI Policy 500.70.24 for policy mental health treatment.

<u>Medical Monitoring</u> – Designed for medical or mental health monitoring for specific purposes which includes gathering data regarding an inmate patient's health status.

PROCEDURE

I. Medical Observation

- A. One or both of the following must exist to place an inmate patient in medical observation:
 - 1. The inmate patient has or is suspected of having a medical problem that requires separation from the population for treatment by an ACP.
 - 2. The inmate patient is refusing testing for communicable illness.
- B. The inmate patient may be placed in medical observation by any of the following:
 - 1. An ACP.
 - 2. Warden.
 - 3. A clinical or health service staff member, the Security Director or the Shift Captain if a physician is not immediately available for consultation.
- C. An ACP order is required to keep an inmate patient in medical observation longer than 24 hours.
- D. Any staff member or inmate may recommend to any person authorized to place an inmate in medical observation that an inmate be placed in medical observation.
- E. The staff member making the placement shall complete DOC-0027 Placement/Review of Offender in Observation.
- F. The staff member or inmate shall state the reasons for the recommendation and describe the inmate patient's symptoms that underlie the recommendation.
- G. At the time of placement the inmate patient shall be informed orally of the reasons for placement.
- H. The inmate patient shall be provided with a written copy of the DOC-0027 Placement/Review of Offender in Observation which states the reason for the placement within 10 working days of the recommendation.

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- I. An inmate patient placed in medical observation shall be examined by an ACP within two working days of placement. The examination shall include a direct personal evaluation and review of relevant information.
- J. Within 24 hours, or as soon as possible after the ACP examination, the inmate patient shall be advised of the reasons for the placement and findings of the examination.
- K. Written notification of the findings of the examination shall be provided to the inmate patient.
- L. An inmate patient shall remain in medical observation for a reasonable period of time for diagnosis and treatment or as needed as determined by an ACP until the ACP determines the inmate patient no longer requires separation from the population.
- M. Inmate patients in medical observation require periodic reviews of the placement by an ACP. Frequency shall be based on the inmate patient's diagnosis and the ACP's professional judgment.

II. Medical Monitoring

- A. Reasons for inmate patient placement in medical monitoring may include, but is not limited to:
 - 1. Response/reaction to change in medication regimen.
 - 2. Eating or drinking before medical tests that require such restriction.
 - 3. Recovery from day surgeries or medical procedures.
 - 4. Monitoring for temporary assistance related to an acute health care issue.
 - 5. Data collection regarding an inmate patient's health status by health care or other facility staff.
 - 6. Examination, treatment or nursing assessment by an ACP.
- B. Monitoring may consist of any or all of the following but is not all inclusive of:
 - 1. Taking vital signs.
 - 2. Observing the following: intake and output including meal monitoring, bleeding, ambulation, circulation, breathing, sleep patterns and ADL abilities.
 - 3. Determining the presence of a skin condition.
 - Observing neurological episodes such as dizziness, visual defects, hearing deficits, level of consciousness, seizure activity, and/or a reaction to medications.
- C. Monitoring tasks may be performed by health care or other facility staff dependent on the medical complexity of the task. Staff will only participate in monitoring to the level of their training.

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- D. Medical monitoring may require special housing of the inmate patient close to the officer's station or in the HSU. Inmate patients may not refuse housing assignments for medical monitoring purposes.
- E. Inmate patients may refuse hands on medical monitoring such as having vital signs taken. The reason for the monitoring shall be explained and a DOC-3220 Refusal of Recommended Health Care shall be signed by the inmate patient if the inmate patient is not willing to participate.
- F. Monitoring on the inmate patient's housing unit shall be recorded in one of the following ways:
 - 1. Non-health care staff may use a specific flow sheet provided by HSU. The flow sheets shall be filed in the inmate patient's Medical Chart.
 - 2. Monitoring may also be reported to health care staff who will be responsible for recording the information in the Medical Chart.
- G. Monitoring in the HSU inmate patient room
 - 1. Reason for monitoring shall be documented in the Medical Chart.
 - 2. If the inmate patient will be in the HSU for two or more hours, a head to toe nursing assessment shall be completed and documented on a DOC-3394 Patient Assessment.
 - 3. Monitoring shall be completed as determined by the ACP; however, a nursing assessment shall be completed each shift a nurse is on site. The nursing assessment is documented on a DOC-3394 Patient Assessment and additional notes may be recorded on the DOC-3021 Progress Notes.
 - 4. An assessment is not necessary if the placement in HSU is for security reasons because the inmate patient knows they are going out for a test/procedure or they need to be closer to a bathroom because of a prep.

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Date Signed:
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DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name				
Original Effective Date:	DAI Policy Number: 500.00.05	Page 5 of 5		
New Effective Date: 00/00/00	Supersedes Number:	Dated:		
Chapter: 500 Health Services				
Subject: Medical Observation and Monitoring				
Will Implement As written With below procedures for facility implementation				
Warden's/Center Superintendent's Approval:				

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

Α.

В.

1. 2.

a.

b.

C.

3.

C.

II.

III.

RESPONSIBILITY

- I. Staff
- II. Inmate
- III. Other